Accelerated Consumer Delegation Consent Quick Guide for Enrollers

Overview

This Quick Guide provides steps to Certified Enrollers, Licensed Insurance Agents and Approved Administrative Staff to self-serve and delegate a consumer's case to their Book of Business.

NOTE: Certified Enrollers are bound by Contract and/or State Regulations to only complete delegation requests at the express, written consent of a Consumer. Our system tracks and reports all Accelerated Delegation Requests made by every Certified Enroller, and suspicious use will be investigated. Certified Enrollers found fraudulently using this tool are at risk of having their Covered California certification revoked and their Book of Business permanently removed.

Steps

Certified Enrollment counselor (CEC), Plan Based Enroller (PBE), Agent and Agency Manager access the **Delegation Tool** link from the Quick Links section on their respective portal.

1. Login to the dashboard.

2. Select the **Delegation Tool** link located on the right navigation panel from the enroller dashboard to display the *Consumer Delegation* page.
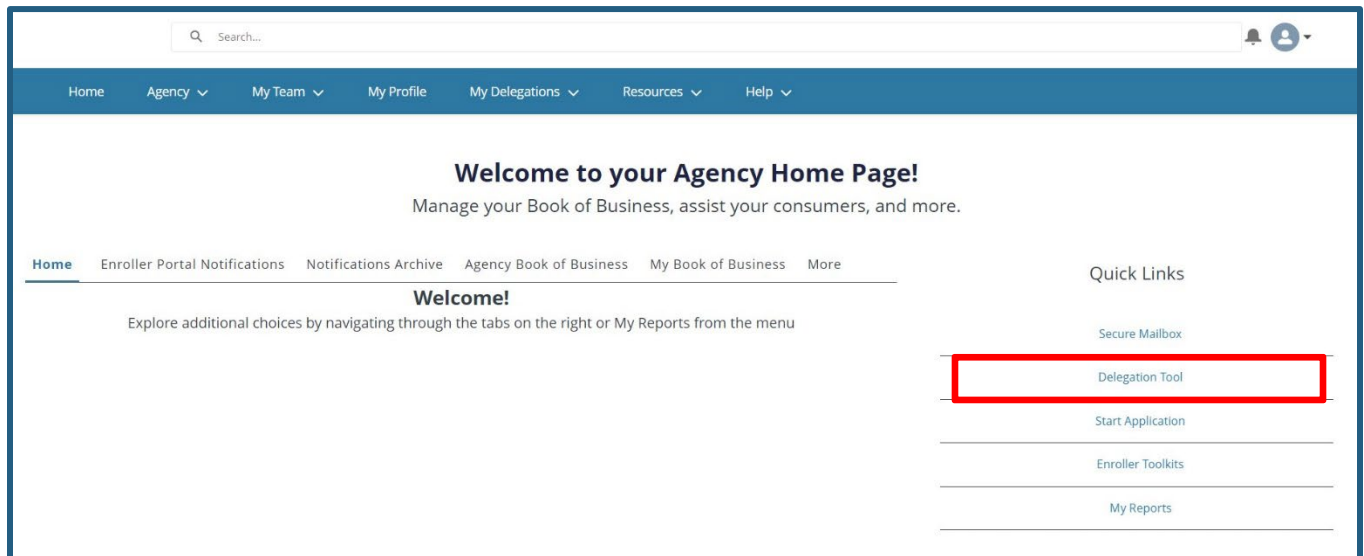
3. The user enters the following Consumer information on the *Delegation Form*:

- First name
- Last name
- Date of birth

4. Choose **Yes** or **No** on the radio button where it asks, "*Does the Consumer have a Social Security number?*"

Note: The radio button is optional. Below is a table to help complete information:

Yes	No
The radio button defaults to **Yes** and displays the SSN field. • Enter the number within the SSN field **Note**: An error message displays when the SSN is not a nine-digit number	Selecting the **No** radio button displays the following and requires at least one search criteria option: • "You must provide at least one of the following search criteria before you can proceed with delegation." • Search criteria options: **Home Address**, **Cell Phone Number**, or **Email Address**. An **Add** button displays next to each option. 　○ Selecting an option dynamically displays a required entry filed 　○ Selecting the Remove button removes the selected search option. **Note**: Searching by **Home Address** is recommended

Refer to the following page for a screen shot of the field options:

Consumer Delegation

We need some very important information about your Consumer so that we can search for them in our database.

Delegation Form
Step 1 of 4

Enter information below to delegate yourself to this Consumer's case. The information to be entered below is confidential. Please consider before proceeding.

First name

Last name

Date of birth

mm/dd/yyyy

Does the Consumer have a Social Security number?

💡 Do not enter an ATIN/ITIN. It will not result in a match. If the Consumer does not have a Social Security number, please select "No" to provide another form of identification.

✅ Yes   ⭕ No

Social Security number (SSN)   *Optional*

Consumer Consent to Delegate Case to Mary Shelley.
Step 2 of 4

Please read the below statements to the Consumer for delegation consent. Please select the checkboxes below to provide consent for each statement on behalf of the Consumer.

☐ I understand that I must provide my personally identifiable information in order to complete the eligibility and enrollment process. I authorize this Agent to access, enter, and update my personally identifiable information into the online application. I further understand that this Agent may access my personally identifiable information in the future if I request any changes to my health coverage.

☐ I understand that I may end my partnership with this Agent at any time through my Account Dashboard or by calling 1-800-300-1506.

☐ I grant permission to the Agent to enter payment information in my online account. I understand that the insurance premium that I am quoted will be charged to my account. I further grant permission to the Agent to submit my completed application, including activating an e-signature on my behalf.

☐ I authorize this Agent to serve as my Agent of Record. If this Agent is affiliated with an Agency, I understand that the Agency may delegate a new Agent to serve as my Agent of Record in the future. I understand that a newly delegated Agent will have access to my personally identifiable information in order to service my account. I further understand that I may end my partnership with a newly delegated Agent at any time through my Account Dashboard or by calling 1-800-300-1506.

Cancel

5. Check the box next to each statement to indicate that the Consumer consents to the Agent to act on their behalf.

    • An error message displays when a checkbox is unchecked.

    • Selecting the checkboxes enables the **Check for Consumer** button.

Note: Click the **Cancel** button navigates the Agent to their respective dashboard.

Consumer Consent to Delegate Case to Alan Lou.   *Step 2 of 4*

Please read the below statements to the Consumer for delegation consent. Please select the checkboxes below to provide consent for each statement on behalf of the Consumer.

☑ I understand that I must provide my personally identifiable information in order to complete the eligibility and enrollment process. I authorize this Agent to access, enter, and update my personally identifiable information into the online application. I further understand that this Agent may access my personally identifiable information in the future if I request any changes to my health coverage.

☑ I understand that I may end my partnership with this Agent at any time through my Account Dashboard or by calling 1-800-300-1506.

☑ I grant permission to the Agent to enter payment information in my online account. I understand that the insurance premium that I am quoted will be charged to my account. I further grant permission to the Agent to submit my completed application, including activating an e-signature on my behalf.

☑ I authorize this Agent to serve as my Agent of Record. If this Agent is affiliated with an Agency, I understand that the Agency may delegate a new Agent to serve as my Agent of Record in the future. I understand that a newly delegated Agent will have access to my personally identifiable information in order to service my account. I further understand that I may end my partnership with a newly delegated Agent at any time through my Account Dashboard or by calling 1-800-300-1506.

[Cancel]   [Check for Consumer]

---

6. Select the **Check for Consumer** button to initiate a search based on the criteria entered.

    • The system conducts a match based on the following information entered. One of the following messages will display:

- **No Match Found**: No existing match found in the system.

- **Multiple Matches Found**: Multiple matches found in the system.

- **Match Already Delegated**: Match found and is currently delegated to the Agent

- **One Match Found**: displays when an exact match is found:

No Match Found

Based on the details you provided, we were unable make a match to our database. If you would like to start a new application, please select the Return to Enroller Dashboard button to begin the process. If you would like to try again, please select the Start Over button to re-enter details. If you have questions about the results of your match, please contact the Service Center at [877-453-9198].

Return to Enroller Dashboard   Start Over

Multiple Matches Found

Based on the details you provided, we were not able to find a single match in our database. If you would like to try again, please select the button below. If you have questions about the results of your match, please contact the Service Center at [877-453-9198].

Return to Enroller Dashboard

Match Already Delegated

Based on the details you provided, we found a match in our database that is already delegated to your book of business. If you would like to try again, please select the button below. If you have questions about the results of your match, please contact the Service Center at [877-453-9198].
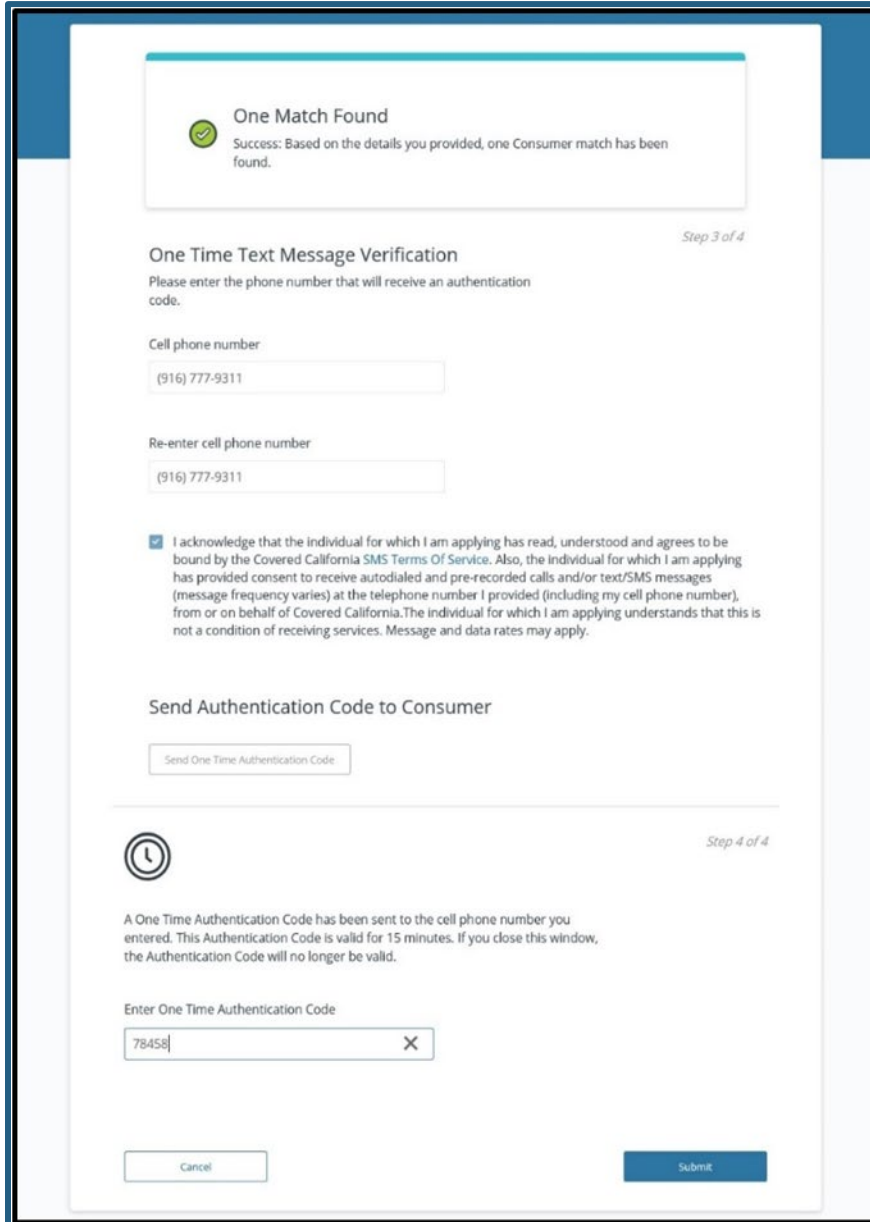
Return to Enroller Dashboard

7. **Authenticate the consumer on the One Match Found page by entering the consumer's cell phone in the cell phone number field.**

8. Check the **SMS Terms of Service** checkbox to continue.

9. Select the **Send One Time Authentication Code** button. A code is sent to the cell phone number entered.

   - Up to three authentication codes can be requested. The user has three attempts to successfully enter each code.

   - A total of nine attempts with the incorrect code disables all fields with the exception of the Return to **Enroller Dashboard** button.

Note: The authentication code becomes invalid after 15 minutes and when the page is closed. Selecting the **Cancel** button navigates the user to their respective dashboard.

In the event a consumer is not able to receive a text message with the One Time Passcode, the delegation option will need to be completed through a different method. The consumer can:

- **Log into CalHEERS and select Find Local Help**

- **Call the Service Center and authenticate themselves and agree to the delegation disclaimers**

10. Select the **Submit** button on the **One Match Found** page. One of the following popups displays:
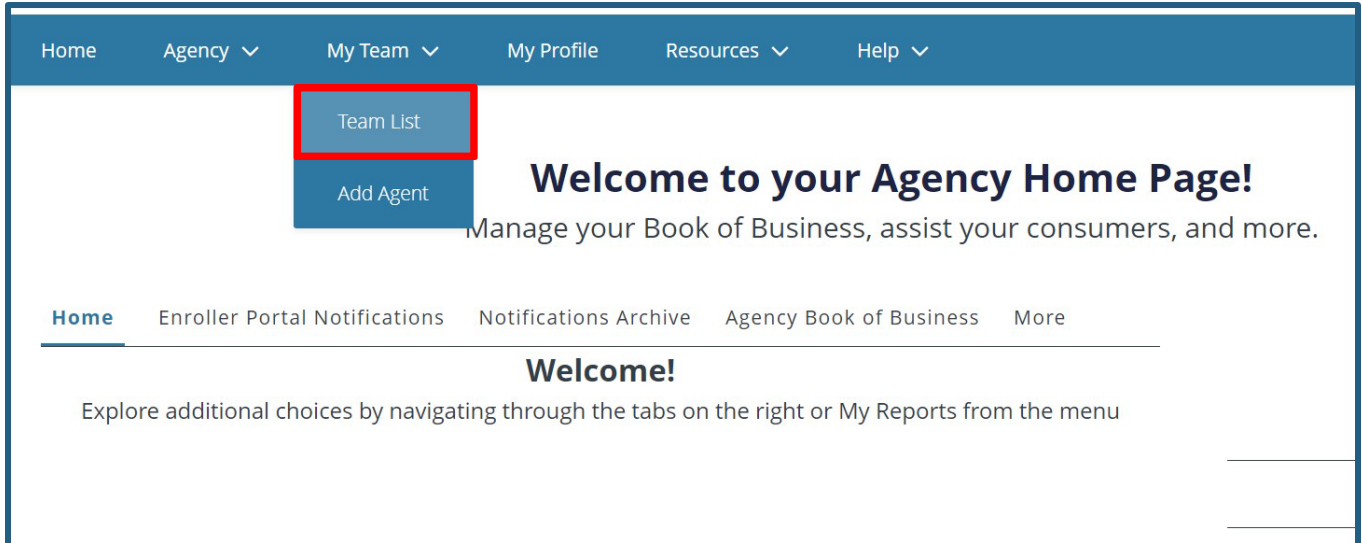
- The delegation was successful – Consumer's case is successfully delegated

- The delegation process was unsuccessful – Due to a system error.

Approved Administrative Staff Level 1 and Level 2

Approved Admin Staff must first open the Agent's contact card and will locate the delegation tool in the quick links on that card. They can then proceed accessing the delegation tool and completing delegation using the same steps as outlined for the Agent above.

1. Select the **My Team** dropdown located on the top of the page.

2. Select **Team List**.

3. Click the hyperlink for the appropriate Agent. This will take you to the Enroller Profile page. From here, you can access the **Delegation Tool** located on the right-hand side of the page.

4. Fill out required fields to find the appropriate consumer.

Consumer Delegation

We need some very important information about your Consumer so that we can search for them in our database.

Delegation Form

Step 1 of 4

Enter information below to delegate yourself to this Consumer's case. The information to be entered below is confidential. Please consider before proceeding.

First name

Last name

Date of birth

mm/dd/yyyy

Does the Consumer have a Social Security number?

> 💡 Do not enter an ATIN/ITIN. It will not result in a match. If the Consumer does not have a Social Security number, please select "No" to provide another form of identification.

✅ Yes   ⭕ No

Social Security number (SSN) *Optional*

Note: Delegation history will only display delegations that have ended. Enrollers should first be referred to accept the pending delegation in **My Pending Delegations** and then they can view the delegation in **My Active Delegations**. The following Consumer information displays:

- Household Primary – Name of the Primary Member of the Household
- Case ID – Household Case ID
- Delegation Start Date – Delegation start date
- Delegation End Date – Delegation end date

- Reason for End – Reason to end the delegation
  - Transfer within Agency/Entity
  - Consumer requested cancellation
  - Agent/CEC initiated de-delegation
  - Accelerated Consumer Delegation Consent
  - Agent/CEC certification ended